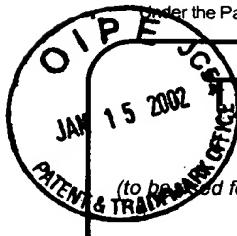


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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number

09/886,608

Filing Date

June 21, 2001

First Named Inventor

Garold M. Muth

Group Art Unit

3672

Examiner Name

Attorney Docket Number

016838-000330US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment with Notice of Recordation (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Corrected Drawings - 11 sheets Figures 1-13	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Return Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Required copy of Notice of Incomplete Reply
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Darin J. Gibby, Reg. No. 38,464
Signature	
Date	10/19/01

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DE 7053156 v1



**EE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

AMOUNT & TRADEMARK
TOTAL AMOUNT OF PAYMENT (\$ 55)

<i>Complete if Known</i>	
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COPY OF PAPERS ORIGINALLY FILED	

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)																																																																																																																																																																																																								
<p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p style="text-align: center;">20-1430</p>					<p>3. 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****or number previously paid, if greater; For Reissues see above**

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Darin J. Gibby	Registration No. Attorney/Agent)	38,464	Telephone	(303) 571-4000
Signature				Date	August 16, 2001

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